

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 OF 24
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
 Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee San Luis Obispo Tribune	Date MM / DD / YYYY 11 / 04 / 2012
Mailing Address P.O. Box 112	Amount 84.00
City San Luis Obispo, CA 93406	

Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,275.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 12 <input type="checkbox"/> Other (specify) _____

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City San Luis Obispo, CA 93406	

Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dianne Feinstein		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,365.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 12 <input type="checkbox"/> Other (specify) _____

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Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9,522.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 12 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	252.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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